

# PERSONNEL

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_

CLEANUP EVENT \_\_\_\_\_

DESCRIPTION OF EVENT:

## PERSONNEL

<u>Name</u>	<u>Job Title</u>	<u>Invoice #</u>	<u>Hrs.</u>	<u>Rate</u>	=	Total
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____
_____	_____	_____	_____	X _____	=	_____

**Total for Event** \_\_\_\_\_

# CAPITAL EXPENSE ITEMS

FACILITY NAME \_\_\_\_\_ FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_ CLEANUP EVENT \_\_\_\_\_

*Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature, the value or aggregate cost of which is \$5,000 or more and the normal expected life of which is one (1) year or more.*

*Cost should include first time expenses of such items as normal markup, pump, tubing, tray, housing, sales tax, generator, compressor and any other parts needed for installation.*

Name and description of capital expense item(s) \_\_\_\_\_

\_\_\_\_\_

Describe the primary function of the capital expense item(s) \_\_\_\_\_

\_\_\_\_\_

Life expectancy \_\_\_\_\_ Start up date \_\_\_\_\_

<u>Description of Parts Needed for Installation</u>	<u>Invoice #</u>	<u>Total</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Capital Expense Item(s)

=====

# RENTALS

FACILITY NAME \_\_\_\_\_ FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_ CLEANUP EVENT \_\_\_\_\_

*All rentals should be shown on this form.*

<u>Description of Each Rental Item</u>	<u>Invoice #</u>	<u>Unit Time</u>	<u>Cost Per Unit Time</u>	<u>Total</u>
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
<b>Total Rental Costs</b>				=====

# MILEAGE

FACILITY NAME \_\_\_\_\_ FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_ CLEANUP EVENT \_\_\_\_\_

*No rental vehicles should be listed on this form.*

## Cars

<u>Description of Vehicle</u>	<u>Invoice #</u>	<u>Miles</u>	<u>Cost</u> <u>Per Mile</u>	<u>Total</u>
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____

## Trucks

<u>Description of Vehicle</u>	<u>Invoice #</u>	<u>Miles</u>	<u>Cost</u> <u>Per Mile</u>	<u>Total</u>
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____

## Other Vehicles

<u>Description of Vehicle</u>	<u>Invoice #</u>	<u>Miles</u>	<u>Cost</u> <u>Per Mile</u>	<u>Total</u>
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____

**Total Mileage Costs** \_\_\_\_\_

# HAULING AND DISPOSAL

FACILITY NAME \_\_\_\_\_ FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_ CLEANUP EVENT \_\_\_\_\_

*Include all costs associated with hauling and disposal of contaminated soil and/or water. This includes, incineration, landfilling, landfarming, and drum disposal.*

## **Trucking**

<u>Description</u>	<u>Invoice #</u>	<u>Units</u>		<u>Rate</u>		<u>Cost</u>
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____

## **Disposal**

<u>Description</u>	<u>Invoice #</u>	<u>Units</u>		<u>Rate</u>		<u>Cost</u>
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____

**Total Hauling and Disposal Costs** \_\_\_\_\_

# WELL CONSTRUCTION AND ABANDONMENT

FACILITY NAME \_\_\_\_\_ FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_ CLEANUP EVENT \_\_\_\_\_

*Well construction costs shall include labor, rig, materials (such as casing, screen, caps, plugs, protective casing, sand, bentonite and miscellaneous equipment and supplies), installations, and well development. Also include well points, soil borings and piezometers on this form.*

*Well abandonment should be listed below also identifying each well.*

*List **EACH** well using the well identification number shown in technical reports for this site.*

## Well Construction or Abandonment

<u>Well ID #</u>	<u>Invoice #</u>	<u>Diameter</u>	<u>Depth</u>		<u>Cost Per Foot</u>		<u>Total</u>
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
<b>Subtotal</b>							=====

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	<u>Invoice #</u>						
Split Spoon	_____	_____	# of samples	X	cost	_____	= _____
Shelby Tube	_____	_____	# of samples	X	cost	_____	= _____
Per diem	_____	_____	cost per day	X	days	_____	= _____
Mobilization	_____	_____	cost per mile	X	miles	_____	= _____
Decontamination	_____	_____	# of borings	X	rate	_____	= _____
Third Man	_____	_____	# of hours	X	rate	_____	= _____
Other	_____	_____		X		_____	= _____
<b>Total Well Construction and Abandonment Costs</b>							=====

# ANALYSIS

FACILITY NAME \_\_\_\_\_ FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_ CLEANUP EVENT \_\_\_\_\_

*Bulk rates are expected to be obtained whenever possible. BTX and GRO should be run together when applicable.*

<u>Method</u>	<u>Invoice #</u>	<u>Soil/Water</u>	<u>Number</u>	<u>Cost</u>	<u>Total</u>
BTX, GRO, MTBE	_____	_____	X	_____	_____
BTX, GRO, MTBE	_____	_____	X	_____	_____
BTX, GRO, MTBE, EPH	_____	_____	X	_____	_____
BTX, GRO, MTBE, EPH	_____	_____	X	_____	_____
EPH	_____	_____	X	_____	_____
Permeability	_____	<u>SOIL</u>	X	_____	_____
TCLP	_____	<u>SOIL</u>	X	_____	_____
EFFLUENT SAMPLES					
Suspended Solids	_____	<u>WATER</u>	X	_____	_____
Oil & Grease	_____	<u>WATER</u>	X	_____	_____
Lead (Pb)	_____	<u>WATER</u>	X	_____	_____
Ph	_____	<u>WATER</u>	X	_____	_____
BTX	_____	<u>WATER</u>	X	_____	_____
Iron (Fe)	_____	<u>WATER</u>	X	_____	_____
Manganese (Mn)	_____	<u>WATER</u>	X	_____	_____
PAH's	_____	_____	X	_____	_____
Metals	_____	_____	X	_____	_____
<b>Total Analysis Costs</b>					=====

## MISCELLANEOUS

FACILITY NAME \_\_\_\_\_ FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_ CLEANUP EVENT \_\_\_\_\_

*Miscellaneous costs include supplies, freight, permits, per diem, utilities, and any other items which do not fit any of the other categories.*

<u>Description of Item</u>	<u>Invoice#</u>	<u>Total</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Miscellaneous Costs</b>		=====



# MOBILE ENHANCED MULTI-PHASE EXTRACTION

FACILITY NAME \_\_\_\_\_ FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_ CLEANUP EVENT \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_

INVOICE # \_\_\_\_\_

<b>SECTION 1</b>				
FIELD EQUIPMENT	# OF UNIT	X	UNIT RATE	TOTAL
VACUUM TRUCK		X		
MEME FITTING /SAFETY EQUIPMENT		X		
MOBE/DEMOBE OF EQUIPMENT		X		
TOTAL COST FOR EQUIPMENT				
<b>SECTION 2</b>				
FIELD PERSONNEL ON SITE/ NAME /TITLE				
		X		
		X		
TRAVEL TIME (2 HR MAXIMUM ONE WAY)		X		
MILEAGE		X		
PER DIEM # OF EMPLOYEES(      )		X		
TOTAL COST FOR FIELD PERSONNEL				
<b>SECTION 3</b>				
PROJECT MANAGEMENT /REPORT PREPARATION NAME / TITLE				
		X		
		X		
		X		
		X		
TOTAL FOR REPORT PREPARATION				
<b>SECTION 4</b>				
HAULING AND DISPOSAL				
DISPOSAL OF CONTAMINATED WATER		X		
		X		
TOTAL FOR DISPOSAL				
<b>SECTION 5</b>				
SUBTOTAL FOR SUBCONTRACTOR PER EVENT				
<b>SECTION 6</b>				
CORRECTIVE ACTION CONTRACTOR NAME/TITLE				
		X		
		X		
		X		
		X		
		X		
MILEAGE		X		
PER DIEM # OF EMPLOYEES(      )		X		
TOTAL COST FOR CAC FOR THIS EVENT				
<b>SECTION 7</b>				
TOTAL COST FOR THIS MEME EVENT				

ALL COSTS FOR ONE MEME EVENT SHALL BE LISTED ON THIS PAGE  
IF MORE THAN ONE EVENT IS INCLUDED IN THIS REQUEST, USE A SEPARATE PAGE FOR EACH EVENT

## REPORTS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK \_\_\_\_\_

CLEANUP EVENT \_\_\_\_\_

### REPORTS

IAR  
ISCR (includes site ranking report)  
ISCR (site check report previously submitted)  
REIMBURSEMENT REQUEST (minimum)  
TGD – 003 APPLICATION  
TGD – 004 FREE PRODUCT REPORT  
TGD – 005 SOIL REPORT  
TGD – 007  
SSMR...(also CLOSURE)  
CMR...(also CLOSURE)  
CA-MR (WITH AS BUILT DIAGRAM)  
CA-MR...(semiannual)

TGD – 008 SITE SPECIFIC STANDARD  
TGD – 009 APPLICATION TO TREAT SOIL  
TGD – 010 MONTHLY DISCHARGE REPORT  
TGD – 011 REPORT  
TGD – 012 SITE CHECK REPORT  
TGD – 014 SITE RANKING REPORT (annual)  
TGD – 015 REPORT  
WELL ABANDONMENT REPORT  
EAR  
CAP  
OTHER \_\_\_\_\_

REPORT FROM ABOVE LIST

SUBMITTAL DATE

*Personnel costs include salary, fringe benefits, multipliers, and overhead costs including insurance. Use only the titles listed in the UST Reasonable Rates under staff descriptions.*

PERSONNEL	TITLE	INVOICE	RATE	X	HOURS	=	TOTAL
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
MISCELLANEOUS	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
_____	_____	_____	_____	X	_____	=	_____
TOTAL							_____